

Tax Year:	
(Blank if Cu	rrent Filing Tax Year)

## Tax Preparation 1099 Forms

Payer Information					
Payer Name:					
Payer EIN / SSN / TIN:			Type: [ ] EIN	[]SSN []TIN	
Payer Full Address:					
Payer Phone Number:					
Recipients Information					
Forms Type: [ ] 1099-NEC [ ] 1099-Misc [ ] Other					
EIN / SSN / TIN NUMBER	Type (EIN / SSN / TIN)	Name	Address	Amount \$	
	, ,				
Signature					
Your signature below attests you have provided us true, correct, and accurate information.					
Name:		Signature:	Date: _		